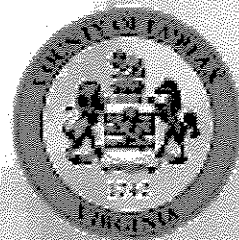


CRITICAL NEEDS IN HUMAN SERVICES

Issue Paper

*A SUPPLEMENT TO THE 2007 FAIRFAX COUNTY
LEGISLATIVE PROGRAM*

ADOPTED DECEMBER 4, 2006



***Critical Needs in Human Services
Issue Paper***

INDEX

| | |
|--|----------|
| Introduction | 3 |
| Human Services Initiatives Highlighted in 2007 Fairfax County Legislative Program | 4 |
| 1. Housing – Condominium Conversions | 4 |
| 2. Housing – Interest on Blight Abatement Tax Liens | 4 |
| 3. Human Rights – Sexual Orientation | 4 |
| Human Services Priorities Highlighted in 2007 Fairfax County Legislative Program | 5 |
| 1. Child Day Care Subsidies for Low-Income Working Families | 5 |
| 2. Medicaid Waivers for Mental Retardation and Developmental Disabilities Services | 6 |
| Other Critical Needs in Human Services | 9 |
| 1. Aging and Long Term Care | 10 |
| 2. Child Welfare Services | 13 |
| 3. Comprehensive Services Act | 14 |
| 4. Eligibility Workers | 15 |
| 5. Minimum Wages for Workers | 16 |
| 6. Juvenile Justice Services | 17 |
| 7. Mental Health, Mental Retardation, And Substance Abuse Services in Fairfax County | 18 |
| 8. Rehabilitative Services Incentive Funds | 19 |
| 9. Fairfax Partnership For Youth | 20 |

CRITICAL NEEDS IN HUMAN SERVICES

An Issue Paper Supplementing the 2007 Fairfax County Legislative Program

The Commonwealth's public policies contribute to a framework for enhancing the life and well-being of each of her citizens. The policies that provide support for the sick, the young, the old, and those facing other life challenges are seldom viewed by policymakers, the media, or by the public as the most important – until these services are absent when needed. With each year that passes, critical experiences in the County remind local and state policymakers that when a community fails to provide for its members at their weakest moments in life, the community's overall strength is tested.

The Fairfax County Board of Supervisors remains committed to working collaboratively with the state, as well as the federal government, in meeting the Human Services needs of its most vulnerable residents. The County Board has long recognized that these services are an integral part of what makes the County a desirable place in which to live and work. These needs, however, are complex, as are the programs established to serve them.

This issue paper serves as a supplement to the 2007 Fairfax County Legislative Program. In a simple, straightforward fashion, a few of the more critical needs in human services are identified along with the action steps needed to address them this Session, to strengthen the state/local partnership that preserves the Commonwealth's human capital.

Virginia ranks...

- 12th in Population
- 11th in Per-Capita Personal Income.

Yet, Virginia ranks...

- 47th in federal grants including formula grants like Medicaid and School Lunch Program.
- 42nd in spending on hospitals, health, and public welfare services

HUMAN SERVICES INITIATIVES IN 2007 FAIRFAX COUNTY LEGISLATIVE PROGRAM

1. HOUSING -- CONDOMINIUM CONVERSIONS (2006 General Assembly)

Initiate legislation to allow tenants, of the greater of one unit or up to five percent of the total number of units, to transfer their right to purchase their units to the local housing authority or other qualified non-profit entity during a condominium conversion, as may be determined by the County, with preference to be given to tenants who are elderly or disabled. (SB 268 was carried over in House General Laws and referred to the Virginia Housing Commission.)

2. HOUSING -- INTEREST ON BLIGHT ABATEMENT TAX LIENS (2006 GA)

Initiate legislation to amend current law to allow the County to collect interest, at the judgment rate, on the costs of blight abatement. (SB 311 was rolled into SB 692, which was carried over in House Counties, Cities, and Towns.)

3. HUMAN RIGHTS -- SEXUAL ORIENTATION

Initiate/support legislation to permit the County, as an urban county executive form of government, to prohibit discrimination in the areas of housing, real estate transactions, employment, public accommodations, credit, and education on the basis of sexual orientation. Fairfax County has already taken actions pursuant to existing State enabling legislation in the preceding areas on the basis of race, color, religion, sex, pregnancy, child birth, and disability. (Updates and reaffirms previous initiative).

HUMAN SERVICES PRIORITIES

IN 2007 FAIRFAX COUNTY LEGISLATIVE PROGRAM

1. CHILD DAY CARE SUBSIDIES FOR LOW-INCOME WORKING FAMILIES

Initiate state legislative or budget action to provide General Funds for child care services for low-income working families. Though federal and state funding provides time-limited child care assistance for families at the lowest end of the poverty scale through TANF/VIEW, additional General Funds are needed statewide to defray the cost of child care for economically disadvantaged families not participating in TANF/VIEW, known as "Fee System Child Care." The need is great, as evidenced by a growing, documented statewide waiting list of more than 14,000 children in 73 jurisdictions, and includes families who are working to remain independent of welfare programs, as well as those who are no longer eligible for TANF/VIEW. Without child care subsidies, low-income working parents striving for self-sufficiency may be forced to leave work and seek TANF/VIEW assistance as their only method of ensuring safe, reliable child care for their children, creating a disincentive for those who want to work and become economically stable. Child care assistance is essential to continued economic growth and low unemployment, and preserves state and local investments in Welfare to Work programs, providing an excellent opportunity for a true partnership between the state and localities. Providing critically needed subsidized child care for low-income working families is an ongoing issue which will require a long-term funding commitment.

Additionally, support November 2006 executive action, which remedied the current shortfall for FY 2007. This shortfall resulted from General Assembly rejection of executive amendments to the 2006-08 biennium budget meant to mitigate the state's substantial reduction of federal pass-through funding in FY 2007, which resulted from changes to federal TANF requirements. This funding was available to Fairfax County and several other jurisdictions, including Alexandria, Newport News and Virginia Beach, and Albemarle and Arlington Counties. The loss of this funding (\$13 million for Fairfax County in FY 2007), which was matched by localities (\$15.1 million in Fairfax County in FY 2006), put many County low-income working families at risk of losing subsidized child care, and has resulted in an ever-growing County waiting list (over 3,100 children). Recent gubernatorial action will provide \$3.38 million in FY 2007 to Fairfax County, and matched by local funding, will help moderate this dramatic loss in the short term and prevent the removal of children from subsidized child care. This has been designated by the Board as one of its two human services priorities.

The state's recent shift of federal pass-through funding previously available to Fairfax County and other jurisdictions for "Fee System Child Care" has put many low-income working families currently receiving child care subsidies at risk of losing this critical support. Though this reallocation of resources resulted from federal changes in TANF requirements, the effect has been a dramatic increase in the number of families on the County's waiting list for subsidized child care (over 3,100 children). The child care funding crisis in Fairfax County and similar situations in other areas of the state is clearly demonstrated in the 14,000 children in 73 jurisdictions currently on the statewide waiting list for child care subsidies.

The latest research indicates parents' employment and economic independence are jeopardized without affordable child care -- they may be forced to leave work to care for their children and go on or *return* to welfare programs; or may instead place their children in unsafe, unregulated child care settings. Families who are affected include those with children at risk for school failure. Without child care subsidies, low-income working families are not able to access the quality early childhood education that helps young children to arrive at kindergarten well prepared to succeed.

This situation seriously impacts the child care provider community as well. When families are not able to afford their services, the viability of many family child care providers and centers is at risk. Centers have already indicated that they will have to close classrooms and lay off staff. Regulated family child care providers who live in and serve low-income neighborhoods are expected to close.

The families receiving child care assistance in Fairfax County often earn as little as \$20-30,000 per year in a community where the average cost of child care is \$12,000. The high cost of living in the Northern Virginia area is evidenced by the fact that average rent increased 36 percent from 1998 to 2004, forcing over 44 percent of renters in the County to spend more than one-third of their income on housing, with an additional 18,000 households spending at least half of their income on housing. These families truly are the working poor. Without full/adequate funding for child care for low income working families, state and local investments in moving families off of welfare into long-term economic stability are undermined, and low income working families striving to remain self-sufficient face the potential of failure in reaching that goal.

2. MEDICAID WAIVERS FOR MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES SERVICES

a. Support an amendment to the 2006-2008 biennium budget to fund additional Medicaid Mental Retardation (MR) and Developmental Disabilities (DD) Home and Community Based Waiver slots; and to increase statewide payment rates to providers for MR services overall along with a Northern Virginia rate differential of 18%. Though progress was made in the 2006 General Assembly, waiting lists continue to grow each day. To address this pressing need, additional waiver slots should be developed and funded, and the rate methodology must be revised to include a Northern Virginia rate differential supplementing an adequate statewide base reimbursement for providers. These actions will serve both to activate new slots as well as to continue services for current waiver recipients by enhancing community-based service development.

The pressing need for additional MR Home and Community Based Services can be addressed through a two-pronged approach. First, additional Waiver slots must be developed and funded. Statewide, there are over 3,000 individuals waiting for MR Waiver slots. Of those 3,000 individuals, approximately 489 are from Fairfax-Falls Church.

Second, there is a need to revise the rate methodology to ensure adequate reimbursement for providers to activate new slots as well as to continue service provision for current Waiver recipients. An improved rate methodology should result in increased reimbursement rates to reflect actual provider costs, in conjunction with an appropriate Northern Virginia rate differential to accommodate higher costs in this region of the Commonwealth. Statewide advocates have identified an overall need for a 14% Medicaid rate increase in all MR Waiver services. In conjunction with that rate increase, the County recommends an additional 18% rate differential for Waiver services provided in Northern Virginia.

IN FAIRFAX – 489 Fairfax-Falls Church residents are on the waiting list for MR waiver slots; 222 of those are designated as “urgent.” Eligible persons on the waiting list may wait from one month to 20 years. Today, Congregate residential support is paid by DMAS at \$14.80 per hour; costs are closer to \$20 per hour.

b. Support funding for a geriatric mental health system of care demonstration project serving older adults with serious mental illness. This demonstration project will serve persons in their home communities, living in their own homes, in assisted living settings and/or nursing homes, reducing the need for admissions to psychiatric hospitals often hours away from their homes.

This geriatric program would integrate new and existing community resources; better serve older adults with serious mental illness; reduce the number of psychiatric hospital bed days needed for adults 65 and older; and provide essential hospital psychiatric services in Northern Virginia rather than at Eastern State Hospital in Williamsburg.

IN FAIRFAX -
*In FY 2006, 88 persons in need of geriatric mental health services were placed **outside** of the County.*

The proposed pilot for Intensive Older Adult Mental Health Services will:

- (1) develop a core geriatric mental health team to serve approximately 60 long-term care beds at two facilities located geographically near each other in Northern Virginia;
- (2) develop a more broad-based regional geriatric mental health team to serve 450 persons with acute problems in hospital and community settings; and
- (3) include a limited private bed purchase for acute gero-psychiatric treatment.

State funding of \$2.37 million will ensure a more effective, appropriate use of community resources to serve high-risk older adults with serious mental illness by ensuring that:

- The client is served in the most appropriate setting;
- The client does not linger in a more costly, higher level of service than is necessary;
- The network provides services at the appropriate level needed; and
- Network service providers are able to focus on those services they are best qualified to provide.

As there will always be individuals with especially severe mental illness that require specific kinds of care, it is important that the Hancock Geriatric Center at Eastern State Hospital continue to accept admissions from Northern Virginia. However, once the community-based services developed as a result of this pilot in Northern Virginia and private bed purchase funds are available, a significant reduction in use of the Hancock Geriatric Center for Northern Virginia residents is expected.

This pilot is supported by the Fairfax-Falls Church CSB and the Northern Virginia Aging Network (NVAN).

c. Support funding for additional Local Inpatient Purchase of Service (LIPOS) funding to effectively meet the needs of persons in need of psychiatric hospitalization.

In order to expand care in the private sector and properly compensate private sector partners, there is a regional need for \$2.78 million. Funds would be used to purchase blocks of psychiatric beds in Northern Virginia for CSB consumers needing inpatient psychiatric care.

Inpatient psychiatric beds are necessary to keep pace with the documented growth in the population requiring such services, and at the same time, to compensate for recent losses of private psychiatric beds in this region. Psychiatric beds are also necessary to meet Temporary Detention Orders (TDO), to prevent the Sheriff's Office from having to transport patients to hospitals outside of the region.

IN FAIRFAX – Between 2003 and 2005, the Northern Virginia region lost 51 inpatient psychiatric beds. Today, public safety officers must dedicate a minimum of four hours when a consumer is transported under an emergency custody order.

d. Support funding for a discharge assistance program from State Psychiatric Facilities.

Funds would be used to facilitate discharge or diversion of approximately 55 persons from State Psychiatric Facilities. There is a Northern Virginia regional need for \$2.1 million to support these activities. Funds would be used to hire and train staff with special skills to support CSB consumers with serious mental illness and living within the community.

IN FAIRFAX – Today, 70 persons from the County could benefit from the additional funding.

OTHER CRITICAL COUNTY NEEDS IN HUMAN SERVICES

Many human services programs, such as child protective services, adult protective services, comprehensive services for children, foster care, early intervention, public health, mental health, mental retardation, substance abuse, and services for senior citizens are mandated by either federal or state statutes. Other programs, such as in-home services to senior citizens, mental health, mental retardation and substance abuse services, and affordable health services, while not mandated, provide assistance for County residents who lack the resources to help themselves. Parenting classes and respite services for caregivers intervene to protect individuals at risk of abuse. **The County has long recognized that investments in these human services programs prevent actions that might result in more costly services.**

Fairfax County combines local funds with state and federal funds to support human services programs that are valued and demanded by County residents. Yet the demand for services is outpacing the available resources. These demands come from: a growing population; fluctuations in available employment; an increasingly diverse population; rising costs of housing; increasing proportion of older residents; more costly and time-consuming transportation options; an increasing proportion of children in poverty; rising health insurance costs; and a demand for services in the community, close to home.

Human Services Programs in high demand due to:

- Growing population
- Fluctuations in available employment
- Increasingly diverse populations
- Rising costs of housing
- Increasing proportion of older residents
- More costly and time-consuming transportation options
- Increasing proportion of children in poverty
- Rising health insurance costs
- Demand for services in the community close to one's home

a. Establish adult fatality review teams. The Child Fatality Review Teams established in Virginia in 1995 have proven to be successful in improving the ability of first-responders and others in assessing child deaths. It is anticipated that creation of Adult Fatality Review Teams would produce similar results by allowing for an improved awareness by first-responders and others, upon the death of a senior citizen in Fairfax County and any other area of the state, that abuse, neglect, or other illegal activities may have resulted in the death.

In FY 2006, Fairfax County Adult Protective Services (APS) social workers investigated:

- **632 allegations** of Abuse, Neglect, or Exploitation involving persons:
 - age 60 and over or
 - incapacitated adults, age 18 and over

An adult fatality review team would be responsible for cases referred across the State and would be composed of representatives from various state agencies having service responsibilities for seniors and incapacitated adults. According to a report done by the Virginia Department of Social Services in November 2004 titled "*Virginia Adult Fatality Review Team: Preventing Fatal Abuse and Neglect of Virginia's Vulnerable Adults*," an adult fatality review team would "...make recommendations for prevention and intervention and ultimately, to make changes to the Commonwealth's policy and practices so that vulnerable adults do not die needlessly. The general purpose of the Adult Fatality Review Team is determining how systems and agencies can collaborate on preventing future fatalities, not to assign blame or seek retribution for vulnerable adults who have died."

IN FAIRFAX -- In FY 2006, County Adult Protective Services' (APS) social workers investigated 632 allegations of abuse, neglect, or exploitation involving persons age 60 and over and incapacitated adults who are age 18 and over. Today, if the elderly person or incapacitated adult dies during the course of the investigation, the APS investigation ends. APS' social workers refer to the Virginia Department of Social Services licensing staff, the Department of Health Center for Quality Health Care Services and Consumer Protection, and the Department of Health Professions, when situations involve someone who was living in a nursing or assisted living facility, or when there is concern regarding a licensed medical professional. Responses from the different regulatory offices, however, do not focus on interdisciplinary best practice solutions.

b. Increase Auxiliary Grant (AG) rates that support residents of Assisted Living Facilities (ALFs). ALFs are asked to provide short- and long-term care assistance for persons with a wide range of care needs. In this setting, these services are generally not eligible for Medicaid reimbursement; therefore, Virginia's Auxiliary Grant program must be revamped to provide appropriate support that matches the cost of ALF care.

•**Eliminate the Auxiliary Grant local share requirement.** The local 20% share now required of the Auxiliary Grant recipients' local jurisdiction must be eliminated because it cannot be fairly applied. Many Auxiliary Grant residents of ALFs were residents in state or private institutions prior to admission to the ALF. The jurisdictions housing these institutions are disproportionately "charged" as the home jurisdictions.

•**Increase the Northern Virginia AG differential.** In addition to the need for a basic increase in the AG payment rate, documentation of cost differentials show that the Northern Virginia differential should be increased above the current 15% level. This is particularly important as 40% of the Fairfax residents with Auxiliary Grants are unable to find ALFs to accept them and must live outside of the County and region.

IN FAIRFAX --The AG rate should be raised significantly from the current monthly rate of \$1,162 in Planning District 8 (\$1,010 is provided in the rest of the State), still falling far short of the \$3,900 median monthly cost of service which, depending on needs, can be as high as \$7,500.

c. **Fully implement a “No Wrong Door” Policy in services for Aging and Disabled Virginians.** Streamlined, sufficient, and adequately funded long-term support services are integral to the health, safety and wellness of Virginians. As the state’s population ages, an increasing number of seniors will require long-term care services. The “No Wrong Door” approach is a single point-of-entry system (also known as the Community-based Coordinated Services System, or CCSS) designed to enable individuals to access long-term and supportive services through any agency or organization utilizing one unified system. Virginia currently utilizes a similar system for the FAMIS children’s health insurance program. The CCSS is currently being piloted in three Virginia communities and will soon be expanded to 6 more communities.

IN FAIRFAX -- In FY 2006, there were a total of 1,106 clients who received home care, with an average of 755 per month being served.

d. **Support state programs that promote the development of community-based long-term care services and accessible housing in Northern Virginia.**

•**PACE** (Program of All-Inclusive Care for the Elderly) -- PACE is an integrated system of care for the frail elderly that offers and manages all health, medical and social services needed to support seniors in the least restrictive environment. The PACE Model of long-term care has demonstrated success in other states, caring for nursing home certified populations on a pre-paid, capitated budget leveraging Medicaid and Medicare dollars. Its goal is to enhance the State’s ability to predict costs for the long-term care population; reduce the use of inpatient services, including both hospital and nursing home care; and improve outcomes for comparable individuals served in the traditional Medicare/Medicaid settings. The County’s efforts to develop a PACE Model for seniors in Northern Virginia (including Fairfax, Arlington, and Alexandria) have been difficult due to the limitations of Virginia’s current strict financial and clinical eligibility criteria, regulatory and policy issues and the lack of startup funds to support planning and development efforts for the PACE project.

•**Accessible and visitable housing** -- The need for housing that is affordable for many specific populations within the Northern Virginia region is well known. State incentive programs that promote the development of accessible housing and the regular use of the principles of “visitability” within new single-family housing will facilitate improvement in the market of housing for both the aging and for persons living with disabilities. Time has already proven that private housing market forces driving the development of housing are moving in this direction, though not with sufficient speed to meet the growing demand for accessible and visitable housing. The state should develop both policies and specific programs that improve the housing stock in the region that meets this growing demand.

•**Long-term care service workforce** -- While local governments and private sector providers are working to develop and maintain the staff in long-term care facilities, the private market is unable to meet the growing need for community-based long-term care services. State investment in the further development of this segment of the workforce is critically needed in order to meet the overall goals of community-based care.

PACE in Fairfax:

- The State’s FY2007 budget must be amended to include \$250,000 to fund the next step to implement PACE in this region.

•**Funding for community-based meals programs** -- Increase the availability of home-delivered meals and other community-based options to meet the needs of older people and adults with disabilities where they currently live. "Meals on Wheels" and other similar programs are a critical component of care that allows many seniors and others to remain in their homes as long as practical for them. These programs also assure that someone is visiting the recipients on a regular basis. Both elements of community-based meals programs are supported with federal and state funds.

IN FAIRFAX -- DMAS recently awarded one-time funding to support the further development of PACE programs in four regions of the state. The Fairfax PACE initiative was not prepared to meet all the requirements of this round of funding. However, support at the state level remains, and funding to support similar startup costs in this area of the state must be maintained for use in the next year or two.

a. Increase funding to support local social service activities required to meet the Program Improvement Plan. The federal Department of Health and Human Services has conducted a Child and Family Services Review (CFSR) in every state and is preparing for the second round of reviews to evaluate progress. The CFSR laid out specific goals to ensure continued improvement in programs for children and families at the state and local level. In response, Virginia has developed a Program Improvement Plan (PIP) to ensure that Virginia reaches these goals. Fairfax County will continue to monitor and remain involved in the implementation of the PIP. It is recommended that the State Department of Social Services continue to pursue sufficient funding to support the full implementation of the Program Improvement Plan in each locality in Virginia.

IN FAIRFAX -- *As the largest metropolitan area in Virginia, Fairfax County will be one of three jurisdictions reviewed during every CFSR. At this point, it is unknown how the state would distribute the financial penalties to the localities.*

IN FAIRFAX-

In FY 2006, on average:

- 437 children were in foster care each month;
- 157 new Child Protective Services (CPS) cases are investigated each month,
- 171 ongoing CPS cases were underway, and
- 331 families received Family Preservation services each month

b. Increase state funding to support the expenses of Foster Parents. The State provides funding to cover a portion of the costs incurred by foster parents in their care of vulnerable children. This amount ranges from \$326 monthly for a child 4 years old or younger, to \$483 for a child 13 or older. The payment falls far short of the foster parents' actual costs. Virginia's current reimbursement payment rates are lower than neighboring jurisdictions and the rates in 46 other states. For example, Maryland's rates range from \$635 to \$650 per month and DC's range from \$788 to \$859 per month. According to a 2000 Virginia Joint Legislative Audit and Review Commission (JLARC) study on the Estimated Costs of Raising Children, the mid-range estimate for the monthly cost of raising a child was \$866¹. That cost, adjusted for inflation, comes to \$962 in 2005.²

Virginia Provisions:

The current amount of state funding provided to foster parents ranges from:

- \$326/month for a child 4 years or younger
- \$483/month for a child 13 or older

Virginia's reimbursement rates are lower than 46 other states.

Advocates are asking that the Governor include within his budget the funds to increase these rates to the national average -- between \$473 and \$522, depending on age.

IN FAIRFAX -- *In FY 2006, there were an average of 437 Fairfax County children per month in foster care and 210 children entered foster care during the year. Over the same time period, 198 children left foster care. From FY 2002 to FY 2005, the average age of a child in Foster Care increased from 8.23 to 9.14 years. These statistics highlight the need for Fairfax County to recruit and maintain a qualified, diverse pool of foster parents to provide homes for these children. Additionally, the cost of living in the DC metropolitan area is higher than other places in the state. There is great difficulty involved in recruiting when foster parents cannot be provided with the resources they need to care for these children.*

¹ The Joint Legislative Audit and Review Commission of the Virginia General Assembly, Technical Report: The Costs of Raising Children, Senate Document Number 9, 2000, <http://jlarc.state.va.us/Reports/Rpt254.pdf>

² The Inflation Calculator, <http://www.westegg.com/inflation/>.

Monitor Comprehensive Services Act Study and support statewide policy and funding changes that improve service delivery to the County's CSA children. The 2006 General Assembly directed staff from the Joint Legislative Audit and Review Commission (JLARC) to conduct a review of Virginia's Comprehensive Services Act (CSA). This review included examination of the cost of residential care for youth, identified factors contributing to the

cost of residential services, assessed the quality and regulation of children's residential facilities, and evaluated the impact of cross-jurisdictional placements on local programs and children's well-being.

IN FAIRFAX-

In FY 2006, the Fairfax-Falls Church CSA Program . . .

- Served 1,009 at risk youth and their families
- Delivered 88% of its services in a community-based setting
- Spent more than \$15 million on the CSA local match requirement for services delivered to at risk youth and their families.

JLARC will report its findings to the General Assembly during the 2007 session. Legislation affecting the CSA program will likely result from the JLARC study. Implications for local governments should be closely monitored, specifically recommendations related to the funding formula, contracting and establishing rates for private providers of services funded by the CSA.

IN FAIRFAX -- *The Fairfax-Falls Church CSA program served over 1,000 at risk youth and their families in FY 2006, and delivered 88% of its services in a community-based setting. The County spent more than \$15 million to meet the CSA local match requirement for the services delivered for these families.*

Support additional funding from the state necessary for additional eligibility staff for the administration of mandated federal/state public assistance programs and services. Several policy changes at the federal and state levels, successful outreach efforts and population growth have contributed to the significant demand for entitlement services such as Food Stamps and Medicaid, but state funding for the administration of these programs has not kept pace. The recent implementation of the federal Deficit Reduction Act (DRA) of 2005, which reauthorizes the Temporary Assistance for Needy Families (TANF) and adds new requirements in the Medicaid program, has exacerbated the need for additional staff to support the local eligibility services function. Consequences of not providing the additional resources needed to support this work include reduced client access to services, which may threaten the health and well-being of Virginia's poorest and most vulnerable individuals, and expose the state and localities to eligibility determination errors and potential federal sanctions for failure to meet program integrity requirements. The state should commit to provide localities with adequate funding to efficiently deliver services in a timely manner to their increasing caseload.

Fairfax County's monthly public assistance caseload has increased from **31,015** cases to **49,501** since FY2000.

This is a **60%** increase of roughly 18,500 new cases

Using a formula from an independent caseload study previously commissioned by the Virginia Department of Social Services, it is estimated that an additional 725 eligibility workers are needed statewide to optimally handle the existing public assistance caseload. In addition to the new eligibility workers, additional supervisory positions and clerical positions would also be needed. Based on the same study, an increase in eligibility workers will create a 17 percent increase in new supervisory positions and a 25 percent increase in clerical positions. The federal and state funding cover a significant share of the costs for the administration of these programs.

IN FAIRFAX-

To address this caseload Fairfax County would need:

- **52** additional eligibility worker positions
- **8** supervisors and **8** clerical workers would be needed to support the new staff

IN FAIRFAX -- *The County's Department of Family Services' (DFS) monthly public assistance caseload has increased from an average 31,015 cases in FY 2000 to 49,501 in FY 2006. This represents a 60 percent increase or roughly 18,500 additional new cases. No new staff resources have been received to support this significant workload increase. Using the formula based on the above referenced workload study, Fairfax County would need approximately 52 additional eligibility worker positions to maintain the level of performance required by state, federal regulations. By accepted staffing standards, 8 supervisors and 8 clerical workers would be needed to support the new staff.*

Support an increase in Virginia's minimum wage. In the 2006 regular General Assembly Session, legislation was introduced to increase Virginia's minimum wage by \$1 in each of the next three calendar years and to index the minimum wage to federal inflation rates thereafter (HB 593). The Virginia legislation failed. Yet, other states have moved forward. Nineteen, including the District of Columbia, have raised their minimum wage since 1997, the year when Virginia last approved an increase.

Today, the Virginia minimum wage is pegged to match the federal minimum wage -- \$5.15 per hour. A Pew Research Center Poll conducted in December 2004 found that 86% of those surveyed supported raising the federal minimum to \$6.45 an hour.

The Virginia state minimum wage law applies to all employers with four or more employees and does not contain current dollar minimums. Instead, the state adopts the federal minimum wage rate by reference. (In the summer of 2006, the U.S. House of Representatives passed a measure that would have raised the federal minimum wage to \$7.25 over three years; the measure did not pass the Senate.) Virginia's law excludes from coverage any employment that is subject to the federal Fair Labor Standards Act.

A single Virginia worker earning the minimum wage makes only \$9,893 annually, or \$824 a month, after deductions for Social Security and Medicare. Today's official federal poverty level is \$9,800 for that same single person in Virginia. The median monthly rent for a one-bedroom unit in the Northern Virginia region is \$1,046 (2005) – *above* the take-home pay for a single worker.

IN FAIRFAX – *A single worker earning the minimum wage takes home about \$824 a month. The median monthly rent for a one-bedroom apartment is \$1,046.*

Increase state funding for juvenile justice services. The state's current participation in funding for juvenile justice services is inadequate to meet the needs of the Commonwealth's youth in Fairfax County as well as many other localities. First, a 51 percent statewide reduction in funding under the Virginia Juvenile Community Crime Control Act (VJCCCA) in 2003 has yet to be restored. Prior to FY 2003, the County received \$1.7 million annually in VJCCCA funding. In FY 2006, the County received only \$857,194, or 49 percent of the 2002 funding level. This reduction significantly hampers the County's ability to respond with less costly and critically needed prevention and early/limited intervention services such as our CHINS (Child in Need of Services) Diversion and First Offender programs – two programs the County was forced to eliminate as a result of these significant funding cuts.

Second, as a local court service unit, Fairfax County should receive a 50 percent reimbursement for probation salaries. In FY 2006, the state's reimbursement was \$1.6 million, while the total cost to the County for these salaries was \$7.5 million. The effective rate of reimbursement to the County last year was just 21 percent, well short of a 50/50 funding partnership.

IN FAIRFAX -- *In FY 2006 the County had over 6,000 juvenile delinquency and CHINS complaints come through the Juvenile and Domestic Relations Court. In addition, Probation Services supervised and case managed over 2,000 youth in the community; 51 percent of this group is medium risk to re-offend, while 12 percent are at high risk to re-offend. In FY 2006, Fairfax County spent over \$12 million in local funds on the juvenile courts. Without greater financial participation by the Commonwealth in funding critical community-based services, the community as a whole may be placed at greater risk or face the more expensive alternatives of increased rates of incarceration or extended residential placement.*

In FY 2006,

- Fairfax County spent over **\$12 million** in local funds to maintain the juvenile courts.

7. Mental Health, Mental Retardation, and Substance Abuse Services in Fairfax County

a. Support funding for state mandated case management positions. CSBs must provide case management as a core service, subject to the availability of funds appropriated by the state.

Today, the Virginia Office of the Inspector General recommends a caseload of 35 clients per case manager. Today, the Fairfax-Falls Church CSB caseload is 50 clients per case manager. In Fairfax County alone \$1.25 million is needed to increase the number of case management positions to reduce the average caseload for existing mental health case managers. The need for additional case managers is contained within the 2006 Virginia Office of Inspector General Report. This report also documented that the low salaries received by case managers contribute to high turnover and interfere with continuity of care. Additional resources are necessary to ensure that case managers receive training in topics specifically related to case management of persons with serious mental illness, and to provide an overall support system for case managers, designed to slow-down the turnover rate now experienced.

IN FAIRFAX -- At least 15 state-funded case management positions are needed in Fairfax County in order to reduce the average caseload of mental health case managers to 40 cases per case manager. The recommended caseload is 35 to 1.

b. Support funding for substance use recovery services for an additional 300 consumers served by the CSB.

Funding for substance abuse consumers receiving recovery services—including detox, crisis care, residential care, case management, or intensive outpatient care—is necessary for the development of community-based treatment programs, which allow youth, adults, and their families to receive the continuum of long-term care needed to promote recovery from substance abuse.

IN FAIRFAX---

5,684 persons with substance abuse disorders were served in FY 2006.

Support full restoration of the Rehabilitative Services Incentive Fund to the FY 2002 level of \$912,500 to address gaps in services, support innovative programs, and improve coordination in service delivery for persons with disabilities. Furthermore, oppose any legislation that calls for a decrease in such funds.

Virginia's Rehabilitative Services Incentive Fund ("RSIF") is established to promote investment in meeting the needs of individuals with physical and/or sensory disabilities at the local and regional level. The local Disability Services Boards ("DSB") identify unmet or underserved needs through a tri-annual needs assessment report, which uncovers areas requiring change and improvement to increase the quality of life for individuals with physical and/or sensory disabilities.

Reductions in RSIF funding have cost Fairfax County:

- In FY 2002, 8 grants were awarded to projects in the County
- In FY 2006, just **one** \$14,000 grant was funded by state General Funds.

Monies may be used to increase service capacity through expanding existing services or creating new services, but more importantly to stimulate model programs, coordinated services systems, and program innovations. The local DSB administers the RSIF, a reimbursement grant that includes a match requirement. The match requirement cannot be met with in-kind services or other State money.

Up through FY 2002, the RSIF received an annual appropriation of \$912,500 (statewide), which was competitively allocated to local DSBs throughout the Commonwealth for both single and multiyear grants (up to three years). However, the appropriation has been cut through a reduced appropriation or through cuts

during budget shortfall years. As a result, the number of grants awarded has declined significantly over the years. Statewide, there were 69 grants and 17 continuation grants (multi-year) in FY 2002, 67 grants and 13 continuation grants in FY 2003 to only 12 grants in FY 2006. The loss of these grant funds has slowed innovative program development in the region.

IN FAIRFAX -- Eight grants were awarded and then withdrawn by the state in FY 2002. No grants were awarded in FY 2003 or FY 2004; one grant was awarded in each of FY 2005 and FY 2006.

Seek state and federal support for the Partnership and other County initiatives to help stem the growth of gangs in Fairfax County. Support legislation to require regular statewide application of a comprehensive youth risk behavior survey in sufficient numbers for local sub-unit analysis. *(Reaffirms previous position.)*

Current Programs and Services

- ❖ The Fairfax Mentoring Partnership
 - Trains and prepare individuals to be youth mentors.
 - 100 new mentors are trained each year.
- ❖ The Fairfax County After-School Network
 - Supports and facilitates the after-school program for middle school youth, providing youth with healthy alternatives to gang activity.
 - This year 26 Fairfax County middle schools will have after-school programs that are projected to serve nearly 10,000 students.
- ❖ The Support on Suspension program
 - Provides students with a place to go during the school day that offers adult supervision, homework, and tutoring.
 - There are now two sites operating in Fairfax County. Last year these sites served 48 middle and high school students; they are expected to serve twice that number this year.
 - Working with the community to open a third site this year.
- ❖ Youth Suicide and Depression (YSAD) initiative
 - Provides community education and advocacy to prevent suicide. Encourages effective treatment and support for youth and families experiencing depression and other mental illness.
 - Trained over 375 Fairfax County faith leaders and other adults on suicide prevention through interfaith conferences; 200 parents and other adults who work with youth through community trainings, and over 200 school psychologists and social workers, who will train staff in all FCPS schools, reaching the 160,000 plus FCPS students.
 - Screened nearly 100 persons through YSAD-sponsored National Depression Screening Day screening sites. Half of those individuals were referred for further mental health assessment.